

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-779661
APPLICANT(S)
02-09-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2					
TOTAL DEP.	11	↓	↓	↓		
TOTAL CLAIMS	13	████████	████████	████████		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS		████████	████████	████████		